BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD  Effective November 10, 1998											9/369570			
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN		
FO	R	1	NUMBER FILED			NUMBER	EXTRA	F	RATE	FEE	1	RATE	FEE	
BA	SIC FEE									380.00	OR		760.00	
то	TAL CLAIMS	20	38	/ minus	20=	* 18			X\$ 9=		OR	X\$18=	324	
IND	EPENDENT CL	TAIMA	2	ž minus	3 =	*	/		X39=		OR	X78=	18	
MÜ	LTIPLE DEPEN	IDENT C	LAIM PI	RESENT									1.5	
* If	the difference	in colur	nn 1 is	tees than 7	ero.	enter "O" in	∽lumn 2		+130=		OR			
11					•		JUIIIII E		TOTAL		JOR		1162	
	· · · · · · · · · · · · · · · · · · ·	LAIMS (Colur		MENDE		PART II · Column 2)	(Column 3)			The same of the sa	OR	OITEN		
7		CLA	IMS			HIGHEST			4	ADDI-	1		ADDI-	
ENT		REMAI AFTI AMEND	rer .		P	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE	;=	RATE	TIONAL	
AMENDMENT	Total	. 2	7	Minus	**	38	=		X\$ 9=	- 1	OR	X\$18=		
ME	Independent:	*	3	Minus	AA		3		X39=		OR	X78=		
	FIRST PRESE	NTATION	I OF ML	JLTIPLE DE	PEN	DENT CLAIM			J			200		
				*		:-		L	130= ∤	CHANGE WAS		+260= TOTAL		
	a)				•	***		ADI	DIT. FEE		OR.	ADDIT. FEE		
		(Colun				Column 2) HIGHEST	(Column 3)							
ЦВ		REMAI AFTI	INING			NUMBER REVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RÂTE	ADDI- TIONAL	
AEN		AMEND				PAID FOR			N. 74	FEE	1		FEE	
Z.	Total	*		Minus	**				K\$ 9=		OR	X\$18=		
3	Independent	*		Minus	***		=	1	X39=	a linear and agree	OR.	X78=		
1	FIRST PRESE	NTATION	I OF ML	JLTIPLE DE	PENL	DENT CLAIM			100			<b>是他们的</b>		
	3							Ľ	130=	,	OR	+260=	*	
								ADC	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
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ENTC		REMAII AFTI AMEND	INING ER		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE	2	RATE-	ADDI- TIONAL FEE	
AMENDMENT	Total	*		Minus	**			T,	(\$ 9≒		OR:	X\$18=	T.L.	
ME	Independent	*		Minus	***	*	= :.	1	(39=	April (10 Mg (16 Mg)		X78=		
4	FIRST PRESE	NTATION	I OF ML	JLTIPLE DE	PENE	DENT CLAIM		<u> </u>	(22=		OR)	\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=	( )		
** If	f the "Highest Nun	mber Previ	iously Pa	aid For IN THI	IS SPA	ACE is less that	an 20, enter "20."	ADE	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
	f the "Highest Nur						an 3, enter "3."			ioto bo				

Application or Docket Number